

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



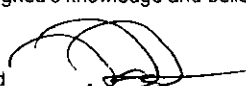
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6952	2. Fiscal Year Covered From: JAN / 01 / 2005 Through: Dec / 31 / 2005
3. Name and address of person filing. Name Daniel E. Smith P.O. Box, Bldg., Room No., if any Street 1529 Carlton Ave City Modesto State CA ZIP Code + 4 95350	4. Name, file number, and address of labor organization. Name Roofers & waterproofer's Local Union # 95 Labor Organization File Number 034-601 P.O. Box, Building and Room Number, if any Street 293 Brokaw Rd City Santa Clara State CA ZIP Code + 4 95050
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Roofers & waterproofer's Journey level & Apprentice Training program Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 293 Brokaw Rd City Santa Clara State CA ZIP Code + 4 95050	7.a. Nature of Interest, Transaction, or Income. Instructor Salary 7.b. Amount. \$ 13,825.08

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 04/27/06 209 524-5804 Date Telephone Number